



SUMMER RESEARCH EXPERIENCE FOR UNDERGRADUATES

Administered by Harvard John A. Paulson School of Engineering and Applied Sciences

29 Oxford St. ♦ Cambridge, MA 02138 ♦ 150 Western Ave. ♦ Allston, MA 02134 ♦ reu@seas.harvard.edu

Direct Deposit Form

Name: _____ SSN: _____ - _____ - _____ Email Address: _____

I hereby authorize the Harvard Central Payroll Office to:

☐ Start Direct Deposit

☐ Stop All Direct Deposit

☐ Change my Direct Deposit as follows:

☐ Change all (a change all replaces the direct deposit authorization currently on file. Fill in every line of bank information to show how your check should now be deposited)

☐ Add new account (existing accounts will remain unchanged)

☐ Remove one account (other accounts will remain unchanged, but keep in mind you must have one balance account)

Note: If you are signing up for direct deposit for the first time or have elected “change all” above, you must complete line number 1 below. Line numbers 2, 3 and 4 are optional: use these lines to authorize Harvard to directly deposit fixed dollar amounts or percentages of your pay into additional accounts.

YOU MUST HAVE ONE BALANCE ACCOUNT

1. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking (attach voided check) or <input type="checkbox"/> Savings	Balance Account
2. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking (attach voided check) or <input type="checkbox"/> Savings	Fixed amount: \$ _____ or Percentage: _____%
3. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking (attach voided check) or <input type="checkbox"/> Savings	Fixed amount: \$ _____ or Percentage: _____%
4. Bank Name:	Routing #: _____ 9 digits Account #: _____	<input type="checkbox"/> Checking (attach voided check) or <input type="checkbox"/> Savings	Fixed amount: \$ _____ or Percentage: _____%

☐ I acknowledge that my pay information is online, and I have received instructions on how to access this information. At this time, I choose to receive a paper copy of my pay advice but understand that I can go online at any time and choose to discontinue receiving the paper copy.

I authorize Harvard University to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the University to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason. I understand that in the event that my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the University cannot issue the funds to me until the funds are returned to the University by financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify the Payroll Office before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature _____ Date _____